

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



ORGANIZATION NOTES

THE GERMAN NURSES' ASSOCIATION

THE formation within the past year of a self-governing association of trained nurses in Germany was mentioned in these columns a short time ago, and we learn with interest from Miss Thornton, secretary of the National Alumnae, that the women entrusted with the work of organization had previously written to her to obtain copies of our constitution and by-laws, reports, etc. It would be gratifying indeed if when we gather in Berlin next summer we should find that we had been able to be of even ever so little assistance to our coworkers there, to whom this free organization work has meant almost conducting a revolution, so strong was the opposition and disapprobation from the side of the religious orders and those conducted upon the lines of rigid control of the nurse in every respect, which are the prevalent type in Germany.

One of the leaders of the new movement is Agnes Karll, who has set forth, in an article in *Die Krankenpflege*, the point of view of the "independent" sisters, those who are unwilling or unable to remain bound by the strict discipline and also by the financial narrowness of the life of a Red Cross sister—for it would appear that to be such is almost like taking a vow of poverty, unless one has private means.

She says, among other things: "The much-abused 'free' sisters will soon prove by this association that the heavily punished transgressions, which cause no one so much pain as themselves, are the exception and not the rule; and that a large number of sisters have found it possible to devote themselves heart and soul to the noblest calling open to women and yet, at the same time, fulfil all their family duties, or duties to their own personality. . . . Those of us who have passed through one or another of the (religious or Red Cross) associations hold in great respect their extensive successful work and incalculable services. This appreciation, however, does not blind us to the changed conditions of modern life. The rapid development of the world's economy draws us women also into its vortex, and leaves few suitable for the cloister-like routine of the older associations. There are too many women to-day who are eager to render aid to their fellow-women, but to whom the sphere presented by the Deaconesses' and Red Cross Associations is too narrow. But restrictions and coöperation they cannot do without, and it therefore becomes necessary to create them in a new form. . . . I hope I have made it quite clear how very far we are from any feeling of enmity towards the Deaconesses' and Red Cross Societies. We former Red Cross sisters have for years suffered too much from the often-experienced contempt and intolerance of the deaconesses, and, later, after secession from their associations, from the hostility of the training-schools to us 'free' sisters, not

to be desirous of giving every consideration to the rights and privileges of others. But we demand the same treatment ourselves. The associations refuse to acknowledge our right to the title of 'sister.' This designation, however, is so closely associated with our calling by Germans that doctor and patient alike would be astonished if we proposed to abandon it. Unfortunately, our language does not possess any other term for the educated nurse. We have constantly been abused bitterly for making use of the title of sister and for wearing the uniform, which is indispensable on hygienic grounds, as if we were laying claim to something to which we were not entitled. Circumstances have proved too strong for us, and we have been compelled to do that which for the sake of peace we would gladly have left undone. It would certainly be better for sick humanity if all grades of sick-nursing could work together in amity, as it might easily happen that representatives of the various organizations might one day be called upon to work side by side."

THE AUSTRALASIAN TRAINED NURSES' ASSOCIATION

THE report for the year ending in June, 1903, gives numerous glimpses of things Australasian and of our friend, Miss McGahey. The present membership is six hundred and twenty-one, of whom sixty are medical members. The association has an auxiliary midwifery branch with one hundred and forty-seven members. This midwifery question abroad, as connected with nursing, introduces such an incomprehensible complication that we think American nurses are to be congratulated in having never gotten into it.

The association recognizes sixty-two training-schools as of proper standard: this is exclusive of Victoria and New Zealand, which have, as we know, their uniform requirements for registration. The report says that the smaller hospitals are anxious to be recognized, but that the council realizes that, while it is comparatively simple to insure good theoretical education, the necessary practical experience in all kinds of cases cannot be obtained in them, and that small hospitals should employ only trained nurses, as is done in New Zealand.

The association feels the urgent need of central examination and registration, and is having some correspondence with New Zealand to this end. The organ of the association is the *Australasian Nurses' Journal*.

The association also keeps a register of nurses' homes (this, as we understand it, means for private-duty nurses). The association has had a successful year and has a good financial basis. It seems a little odd that the Australasian nursing associations should all number medical men among their members and, usually, elect them in as officers, but they seem to be the right sort, and so all goes well. No doubt the nurses alone would find it difficult to push their reforms.

LETTERS

HOLLAND has a great number of benevolent and charitable institutions, all remarkably well kept. What I saw of these made me regret much not having enough time in Holland to visit more of them. At The Hague we saw a charming example of the kind of old-ladies' home which they have, and which is common also in Belgium and Germany,—perhaps also in other countries with which I am not yet acquainted,—certainly as different as possible from the somewhat forbidding and shut-in domiciles which we erect at home and call "Homes for



THE HOME OF THE DAILY NURSING ASSOCIATION, AMSTERDAM



A LACEMAKER OF THE BÉGUINAGE

the Aged." The leading feature of these "Hofje," or homes for old people, is a large piece of ground. In the one at The Hague this was almost as large as a city square. Around three sides of this square were built the prettiest little simple cottages, only one-and-a-half stories high and all under one roof, the old-fashioned gables on this roof and the lines of the small upper windows dispelling any impression of monotony. The fourth side of the square was closed in with what one might call the "administration building," with an old, quaintly fashioned arch and gate through which we entered.

Each old lady—or, in the case of aged couples, each old couple—has a separate little individual home, with kitchen and cookstove, and they do their own housekeeping. Their friends and relatives come to see them, and they have all of the pleasures and privacy and none of the worries of home life outside. Each cottage has a piece of the open square for a garden, enough for flowers, vegetables, and fruit, and every window was lined with rows of flower-pots. The old people upon entering pay a certain sum of money,—or someone does so for them,—and they are then settled for the rest of their lives. If they become feeble or bedridden and have no relatives to attend them, they are removed into infirmaries. Some of these homes are maintained by churches, some by private benevolence or organizations, and some by the city authorities.

It seemed to me it would be so infinitely more sensible and practical in our charities and civic arrangements at home to pay less for huge, expensive buildings for almshouses and homes for the aged, and more for land, and let the inmates do partly for themselves, as they do here. They are assuredly far happier, and then only the quite incapacitated ones need to be carried as a definite burden, whereas we make them all to a certain extent helpless.

We went in and made acquaintance with two or three old ladies. They seemed so cheerful and happy, showed us their vegetables and herbs for all kinds of "teas," and made us up posies from their flower-gardens.

In Bruges, Belgium, we visited a somewhat similar establishment of great interest and of considerable extent called the "Béguinage." This is a most characteristic example of the ways to which the "superfluous woman" on the continent betakes herself, as compared with the ways she disposes of herself at home. As to giving a complete account of the financial management of the "Béguinage," I cannot do it, but here the ground devoted to the purpose is as spacious as a small park. The central open space is a large, grassy common with fine old trees. A church stands at one side of the common, and stretching irregularly around the other three sides are the little dwellings. In the smallest and quaintest are again found the old people. Some of them are lace-workers, and one especially is widely known by her photograph, which appears on a "picture postal-card." This photograph, however, gives no idea of the pretty little room with all its domestic fittings—the tiny fireplace with corner seat and oddly shaped stove, the cooking utensils hanging on the wall, the flower-pots and canary-bird in the window.

On another side of the common is a similar hut rather larger and more distinctive-looking row of dwellings, of refined outlines, spotless neatness, and a general air of dignified seclusion. In these cottages lives an order of women who wear a severely conventual dress,—black, with white headpiece and broad white shoulder-circlet,—yet they take no vows of any kind and are not under authority of the church in the customary sense. From what I could learn they seem to be women of good position and have at least some small independent means, and this seems to be a way for them to live according to their own ideas

and, no doubt, with more dignity than they as unmarried women would otherwise have. They pursue various occupations. They make lace, teach children, take care of the aged infirm, and take boarders to help defray expenses. We happened to meet a Holländisch lady who was boarding there, who told us a little about it all.

At a short distance out of Ghent there is another of these "Béguinages," which is said to be as large as a small town and to have a wall and moat entirely around it. This one I did not see, but would strongly advise any of my readers, when visiting Europe, to look up one or two of these feminine establishments and contrast them with their own ways of living.

In Amsterdam I made a visit at the home of the Daily Nursing Association—what we call hourly nursing. Miss Kruysse has previously written us of this work, giving full statistics and descriptions. It is under the auspices of the White Cross Association, of which Miss Kruysse is a director and Miss Stoffers the head of the family, comprising, if I remember rightly, a dozen or more nurses. The house is extremely commodious and pleasantly arranged, and stands on a street with one of those very picturesque but decidedly damp canals running through it, with a heavy border of trees on either side.

Cases by the hour are taken for all classes of paying patients, both poor and rich. No free cases are taken, as the city of Amsterdam supports a group of district nurses to visit the poor of the city. These city nurses get their calls, and (I believe) their orders also, from a city hospital, the Polyclinic. They may live where they please, receiving salaries about equal to three hundred and sixty dollars.

To return to the hourly nursing: it was hoped that the work might become self-supporting, or nearly so, the idea being that the larger fees of the better-class patients would make it possible to extend the work to meet the full demands of the less well off, but so far this hope has not been realized, and this most admirable and well-conducted piece of work remains a financial responsibility to its directors, who certainly deserve more appreciation and encouragement from the citizens for their enlightened endeavor to meet the need and fill the gap which we all deplore and which forms the subject of so much effort and discussion.

I should like to have various medical men, who are severe in their strictures because "nurses do not realize the needs of the family with small income," reminded that in this well-planned Amsterdam undertaking one of the chief obstacles is that "the doctors do forget to send for our nurses, although we are continually reminding them, sending them cards, etc." "Even when they have the very cases that exactly need our services, they do not always send—they don't remember." These things had a very familiar sound, and made the world seem small and all cut out of one piece.

L. L. D.

ITEMS

Una, the organ of the Victorian Trained Nurses' Association, says that in Victoria the medical profession worked harder than the nurses to obtain registration for the latter. Those few physicians who conducted private hospitals offered only slight opposition to the refusal of the association to recognize pupils trained in such institutions. Certainly our best medical men supported us nobly in the United States; now it remains to be seen what attitude the English physician will take towards the registration effort.



THE BÈGUINAGE, BRUGES



ENTRANCE OF THE BÈGUINAGE

THE nursing-school in Bordeaux, France, under the guidance of Dr. Anna Hamilton, the apostle of nursing reform in that country, held a practical examination for its pupils which must have been what America calls "a mind-opener" for the learned guardians and chiefs-of-staff. It was the first time such a thing had been seen in a French hospital, and with pupil nurses who were all refined and educated young women.

Dr. Hamilton's report on nursing requirements, presented at the Third National Congress of Hospitals and Charitable Institutions, held in Bordeaux in June of this year, has reached us, and we hope to present parts of it later.

MISS CATHARINE WOOD, Miss Amy Hughes, and other stanch war-horses have been fighting the battle for good standards in a movement which has been agitating the rural hospitals in England, where the authorities are desirous of creating an order of nurses which they would call "qualified" nurse—meaning, in short, an untaught and untrained being of inferior social grade. One of the guardians of such a hospital said of candidates for nursing appointments: "Well, the less they knows the better: then us can get them into our ways all the quicker"!

A MATRONS' Council of New South Wales has been organized, of which the secretary is Miss Davie, 140 Phillip Street, Sydney. There is also a Matrons' Council in Holland of some years' standing; then the one in England, and our own Superintendents' Society. Why would it not be a good idea for these councils to affiliate next summer in Berlin? They might help and cheer one another along the thorny path of duty.

WINNIPEG, Manitoba, Canada, has a Graduate Nurses' Association with a membership of sixty-two nurses who are graduates from many different training-schools in the United States and Canada. This association maintains a registry and will in time establish a benefit fund. The secretary is Miss A. Maud Crawford, a graduate of the Toronto General School for Nurses.

MISS SIDNEY J. BROWNE, who was appointed temporary matron-in-chief of the newly reorganized English military nursing service some months ago, has been gazetted matron-in-chief. Those who know Miss Browne speak in the highest terms of her ability and personality.



SERUM TREATMENT OF SCARLET FEVER.—The *Journal of the American Medical Association*, quoting from a Vienna exchange, says: "None of the children of the one hundred and twelve cases in which it was applied died that were injected on the first and second day of the disease, although there were eight very severe cases in the twenty-four injected the second day. Only 17.4 per cent. died of the twenty-three injected the fourth day, and thirty per cent. of those injected the fifth day, after which the mortality rose to fifty per cent. of the four not injected until the ninth day, the latter all very severe cases. A single, large injection the first or second day affords the best results."